A. C. D. A.
STATE POLICE

State of Connecticut

Department of Public Safety / Division of State Police

ACCIDENT INFORMATION SUMMARY

Investigating Trooper: K. Taylor # 1321	Case Number:				Notations	100
	Date: 10/7/	12.7	1229		Traffic: _ Weather:	-
					Direction, N S	of Travel:
No. & Type of Veh's Involved: 1 Mottrcycle (Passenger Car, Truck, Bus, Etc.)		tion: (Pedestrian, Po	e, Bridge Ab	utment, Etc)		, = "
Town / City: Naugatuck	Location of Acc	ident: Rt 8 S/B	Exit #28	off		
Utility Pole Name & Number (If Applicable):			Othe	(Specify):		
Oper#1: lintgeris, Nicholas	Ope	er#2:				
DOB: <u>11-12-56</u> Gender: X⊠ M	□F DO	B:		Gender:	□ M	□F
Address: 164 Union City Ave	Add	iress:				
Town: Naugatuck State:CT Zip:	06770 Tov	/n:		State:	_ Zip	:
Oper. Lic. # 237024033 Type: A State:	CT Ope	er. Lic. #		Type:	State:	
Owner #1:Same	Ow	ner #2:		9		
Address: Same		lress:	-			
Registration Plate: 727621 State: CT	Reg	istration Plate:		State:		
Make: HD Model: FLSTF Yea	r: <u>97</u> Mal	te:	_ Model:		Yea	ar:
VIN: _1HDMBL17VY025799	VIN					
Seatbelt(s): Yes No Airbag: Yes (Deployed Y N) N		tbelt(s): Yes No	Airbag: [Yes (Deployed	DY DN)	No □N/A
Insurance Company: Foremost Insurance Co		rance Company:				
Insurance Policy #: 2760070323302		rance Policy #: ries:				
Injuries: Head, Body Vehicle Damage: Rt side		icle Damage:				
hicle Towed: ☑No ☐Yes, Sibby's		icle Towed: No No	es.			
Oper #3:	Ope	or #4:				
DOB: Gender: M	□F DOI				MINTER TO THE RESERVE	
DOD		5:		Gender:	Пм	ΠF
Address:	Add			Gender:	□ M	□F
Address:		ress:				
Town: State: Zip:	Tow	ress:		State:	_ Zip	
Town: State: Zlp: Oper. Lic. # Type: State:	Tow	ress: /n: er. Lic. #		State:	Zip	
Town: State: Zip: Oper. Lic. # Type: State: Owner #3:	Ope Own	ress:		State:	Zip State: _	
Town: State: Zlp: Oper. Lic. # Type: State: Owner #3:	Ope	ress: /n: er. Lic. #	- :::	State:	Zip State: _	:
Town: State: Zip: Oper. Lic. # Type: State: Owner #3: Address: Registration Plate: State:	Ope	ress: rn: rr. Lic. # ner #4: ress:	- /::-	State:	Zip State: _	
Town: State: Zip: Oper. Lic. # Type: State: Owner #3: Address: Registration Plate: State:	Ope Own Add	ress: rr. Lic. # ner #4: ress: istration Plate:	- /::-	State: Type:	Zip State: _	
Town: State: Zip: Oper. Lic. # Type: State: Owner #3: Address: Registration Plate: State: Make: Model: Yea	Tow Ope Own Add Reg r: Mak VIN o □N/A Sea	ress: rr. Lic. # ner #4: ress: istration Plate: re: tbeit(s): Yes No	Model:	State: Type:	Zip State: Yea	or:
Town: State: Zip: Oper. Lic. # Type: State: Owner #3:	Ope Own Add Reg r: Mak VIN o □N/A Sea	ress: rr. Lic. # ner #4: ress: istration Plate: re: tbeit(s): Yes No irance Company:	Model:	State:State:State:	Zip State: Yea	No □N/A
Town: State: Zip: Oper. Lic. # Type: State: Owner #3:	Tow Ope Own Add Reg r: Mak VIN O □N/A Sea Inst	ress: rr. Lic. # ner #4: ress: istration Plate: re: tbelt(s): Yes No irance Company: irance Policy #:	Model:	State: Type: State:	Zip State: Yea	No □N/A
Town: State: Zip: Oper. Lic. # Type: State: Owner #3:	Tow Ope Own Add Reg r: Mak VIN O □N/A Sea Insu	ress: rr. Lic. # ner #4: ress: istration Plate: re: tbeit(s): Yes No irance Company: irance Policy #: ries:	Model:	State:State:State:	Zip State: Yea	No □N/A
Town: State: Zip: Oper. Lic. # Type: State: Owner #3: State: State: Address: Registration Plate: State: Make: Model: Yea VIN: Seatbelt(s): Yes □No Airbag: Yes(Deployed □Y □N) N Insurance Company: Insurance Policy #: injuries: Yehicle Damage: Yehicle Damage:	Tow Ope Own Add Reg r: Mak VIN O □N/A Sea Insu Insu Inju Veh	ress: rr. Lic. # ner #4: ress: istration Plate: te: tbeit(s): Yes No irance Company: irance Policy #: ries: icle Damage:	Model:	State:State:State:	Zip State: Yea	No □N/A
Town: State: Zip: Oper. Lic. # Type: State: Owner #3:	Town Ope Own Add Reg r: Mak VIN O □N/A Sea Insu Inju Veh Veh	ress: rr. Lic. # ner #4: ress: istration Plate: re: tbeit(s): Yes No irance Company: irance Policy #: ries:	Model: Alrbag:	State: Type: State:	Zip State: Yea	No □N/A
Town: State: Zip: Oper. Lic. #	Town Ope Own Add Reg r: Mak VIN O □N/A Sea Insu Inju Veh Veh	ress: rn: rr. Lic. # ner #4: ress: istration Plate: re: tbelt(s): Yes No irance Company: irance Policy #: ries: icle Damage: icle Towed: No No upant(s): [Name / D	Model: Alrbag: [State: Type: State:	Zip State: Yea Yea Veh }	No DN/A

DPS-38-C (Rev. 07/*02) Page #1 - Troop Copy (Complete Reverse Side)

Additional Pages - Operator's Copy

Brief Description of Accident

On 10/7/04 at 1229 Hrs Op #1 lost control of his motorcycle traveling Rt *#8 S/B.

Op #1 was ejected from his motorcycle and came to final rest in the exit #28 off ramp lane.

Veh #1 came to final rest in the gore area of exit #28.

Op #1 was transported to St Mary's Hospital in Waterbury for head injuries.

Any witness that may have seen this accident occurrant asked to contact Troop I Bethany at (203)393-4200 and leave a message for Tpr Kerry Taylor #1321

MEDICAL ATTENTION:	ENGERT OF THE STATE OF THE STAT
#1 Ambulance XX Yes, Company AMR N	lo #2 Ambulance Yes, Company No
Patient Name: Op #1	Patient Name:
Hospital St Mary's	Hospital
Injuries Head trauma	Injuries
#3 Ambulance Yes, Company N	o #4 Ambulance Yes, Company No
Patient Name:	Patient Name:
Hospital	
Injuries	V V V
	Injuries
FATALITIES: Do Not Release Unless Next of K	Injuries
FATALITIES: Do Not Release Unless Next of K	Injuries [in Notified Name
Name Next of Kin Notified? Yes No	Injuries
Name Next of Kin Notified? Next of Kin Notified? Next of Kin Notified? Yes No Name Next of Kin Notified? Yes No	Injuries
Name Next of Kin Notified? Next of Kin Notified?	Injuries
Name Next of Kin Notified? Name Name	Injuries Tin Notified Name Next of Kin Notified? Yes No Name Next of Kin Notified? Yes No Arrested

CSP TRP I BETHANY

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10/07/04 THU 16:04 FAX 203 393 4250